

Instructions: Inspector must submit completed form to Local Governmental Unit (LGU) and system owner within 15 days of total determination of compliance or noncompliance. Instructions for filling out this form are located on the Minnesota Pollution Control Agency (MPCA) website at <https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf>.

Property information

Local tracking number: _____

Parcel ID# or Sec/Twp/Range: 05.028.20.22.0004 Reason for inspection: sale of property
 Local regulatory authority info: Washington County
 Property address: 13233 Hudson Rd S Afton, MN 55001
 Owner/representative: Paul Maynard Owner's phone: 612-963-8993
 Brief system description: Two precast septic tanks and a rock trench drainfield.

System status

System status on date (mm/dd/yyyy): 5/7/2024

Compliant – Certificate of compliance*

Noncompliant – Notice of noncompliance

(Valid for 3 years from report date unless evidence of an imminent threat to public health or safety requiring removal and abatement under section 145A.04, subdivision 8 is discovered or a shorter time frame exists in Local Ordinance.)

Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by local ordinance.

***Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.**

An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance or under section 145A.04 subdivision 8.

Reason(s) for noncompliance (check all applicable)

- Impact on public health (Compliance component #1) – *Imminent threat to public health and safety*
- Tank integrity (Compliance component #2) – *Failing to protect groundwater*
- Other Compliance Conditions (Compliance component #3) – *Imminent threat to public health and safety*
- Other Compliance Conditions (Compliance component #3) – *Failing to protect groundwater*
- System not abandoned according to Minn. R. 7080.2500 (Compliance component #3) – *Failing to protect groundwater*
- Soil separation (Compliance component #5) – *Failing to protect groundwater*
- Operating permit/monitoring plan requirements (Compliance component #4) – *Noncompliant - local ordinance applies*

Comments or recommendations

Reviewed design, permit, inspection, soil and pumping records on file at the City of Afton.

Certification

I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. No determination of future system performance has been nor can be made due to unknown conditions during system construction, possible abuse of the system, inadequate maintenance, or future water usage.

By typing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

Business name: All State Septic Services LLC Certification number: 323
 Inspector signature: Tora Trooien License number: 1568
 (This document has been electronically signed) Phone: 612-594-4496

Necessary or locally required supporting documentation (must be attached)

- Soil observation logs
- System/As-Built
- Locally required forms
- Tank Integrity Assessment
- Operating Permit
- Other information (list): _____

1. Impact on public health – Compliance component #1 of 5

Compliance criteria:

System discharges sewage to the ground surface	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
System discharges sewage to drain tile or surface waters.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
System causes sewage backup into dwelling or establishment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Any system discharges observed, indicate the location and amount of discharge, and the health and safety hazard.

Describe verification methods and results:

None of the above observed

Attached supporting documentation:

- Other: _____
- Not applicable

2. Tank integrity – Compliance component #2 of 5

Compliance criteria:

System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sewage tank(s) leak below their designed operating depth?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, which sewage tank(s) leaks:	

The system consists of a seepage pit, cesspool, drywell, leaching pit, or other pit. The sewage tank(s) do not leak below their designed operating depth.

Attached supporting documentation:

- Empty tank(s) viewed by inspector
 - Name of maintenance business: Pinky's
 - License number of maintenance business: 1613
 - Date of maintenance: 5/7/2024
- Existing tank integrity assessment (Attach)
 - Date of maintenance (mm/dd/yyyy): _____ (must be within three years)
- (See form instructions to ensure assessment complies with Minn. R. 7082.0700 subp. 4 B (1))
- Tank is Noncompliant (pumping not necessary – explain below)
- Other: _____

Describe verification methods and results:

The tanks were at normal operating level, then were pumped through the maintenance holes. Lowered a light & camera into the empty tanks - bottoms, walls, covers, baffles, risers & maintenance hole covers ok.

3. Other compliance conditions – Compliance component #3 of 5

3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unsecured?

Yes No Unknown

3b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safety? Yes No Unknown

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

3c. System is non-protective of ground water for other conditions as determined by inspector? Yes No

3d. System not abandoned in accordance with Minn. R. 7080.2500? Yes No

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

Describe verification methods and results:

Attached supporting documentation: Not applicable

4. Operating permit and nitrogen BMP* – Compliance component #4 of 5 Not applicable

Is the system operated under an Operating Permit? Yes No **If "yes", A below is required**

Is the system required to employ a Nitrogen BMP specified in the system design? Yes No **If "yes", B below is required**

BMP = Best Management Practice(s) specified in the system design

If the answer to both questions is "no", this section does not need to be completed.

Compliance criteria:

a. Have the operating permit requirements been met? Yes No

b. Is the required nitrogen BMP in place and properly functioning? Yes No

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

Describe verification methods and results:

Attached supporting documentation: Operating permit (Attach)

5. Soil separation – Compliance component #5 of 5

Date of installation 11/13/1995 Unknown
(mm/dd/yyyy)

Shoreland/Wellhead protection/Food beverage lodging? Yes No

Compliance criteria (select one):

5a. For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not serving a food, beverage or lodging establishment: Yes No
Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.

5b. Non-performance systems built April 1, 1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage, or lodging establishment: Yes No
Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*

5c. "Experimental", "Other", or "Performance" systems built under pre-2008 Rules: Type IV or V systems built under 2008 Rules 7080, 2350 or 7080.2400 (Intermediate Inspector License required ≤ 2,500 gallons per day; Advanced Inspector License required > 2,500 gallons per day) Yes No
Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.

Attached supporting documentation:

- Soil observation logs completed for the report
- Two previous verifications of required vertical separation
- Not applicable (No soil treatment area)
- _____

Indicate depths or elevations

A. Bottom of distribution media	3.3
B. Periodically saturated soil/bedrock	6.3
C. System separation	3.0
D. Required compliance separation*	2.0

*May be reduced up to 15 percent if allowed by Local Ordinance.

Describe verification methods and results:

Describe verification methods and results:

Upgrade requirements: (Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water, the system must be upgraded, replaced, or its use discontinued within the time required by local ordinance. If an existing system is not failing as defined in law, and has at least two feet of design soil separation, then the system need not be upgraded, repaired, replaced, or its use discontinued, notwithstanding any local ordinance that is more strict. This provision does not apply to systems in shoreland areas, Wellhead Protection Areas, or those used in connection with food, beverage, and lodging establishments as defined in law.

Soil Observation Log

Project ID: _____ v 04.02.2024

Client: Paul Maynard Location / Address: 13233 Hudson Rd S Afton, MN 55001

Soil parent material(s): (Check all that apply) Outwash Lacustrine Loess Till Alluvium Bedrock Organic Matter Disturbed/Fill

Landscape Position: _____ Slope %: _____ Slope shape: _____ Flooding/Run-On potential: _____

Vegetation: _____ Soil survey map units: _____ Surface Elevation-Relative to benchmark: _____ Limiting Layer Elevation: _____

Date/Time of Day/Weather Conditions: _____ 5/7/24 am clear _____ Observation Type: _____ Auger

Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	I----- Structure -----I		
							Shape	Grade	Consistence
0-8	Medium Loamy Sand	<35	10YR 3/2						
8-38	Medium Sand	<35	10YR 4/3						
38-75	Medium Sand	<35	10YR 4/6						

Comments: _____

I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.

Tom Troojien _____ Tom Troojien _____ 1568 _____ 5/7/24
 (Designer/Inspector) (Signature) (License #) (Date)

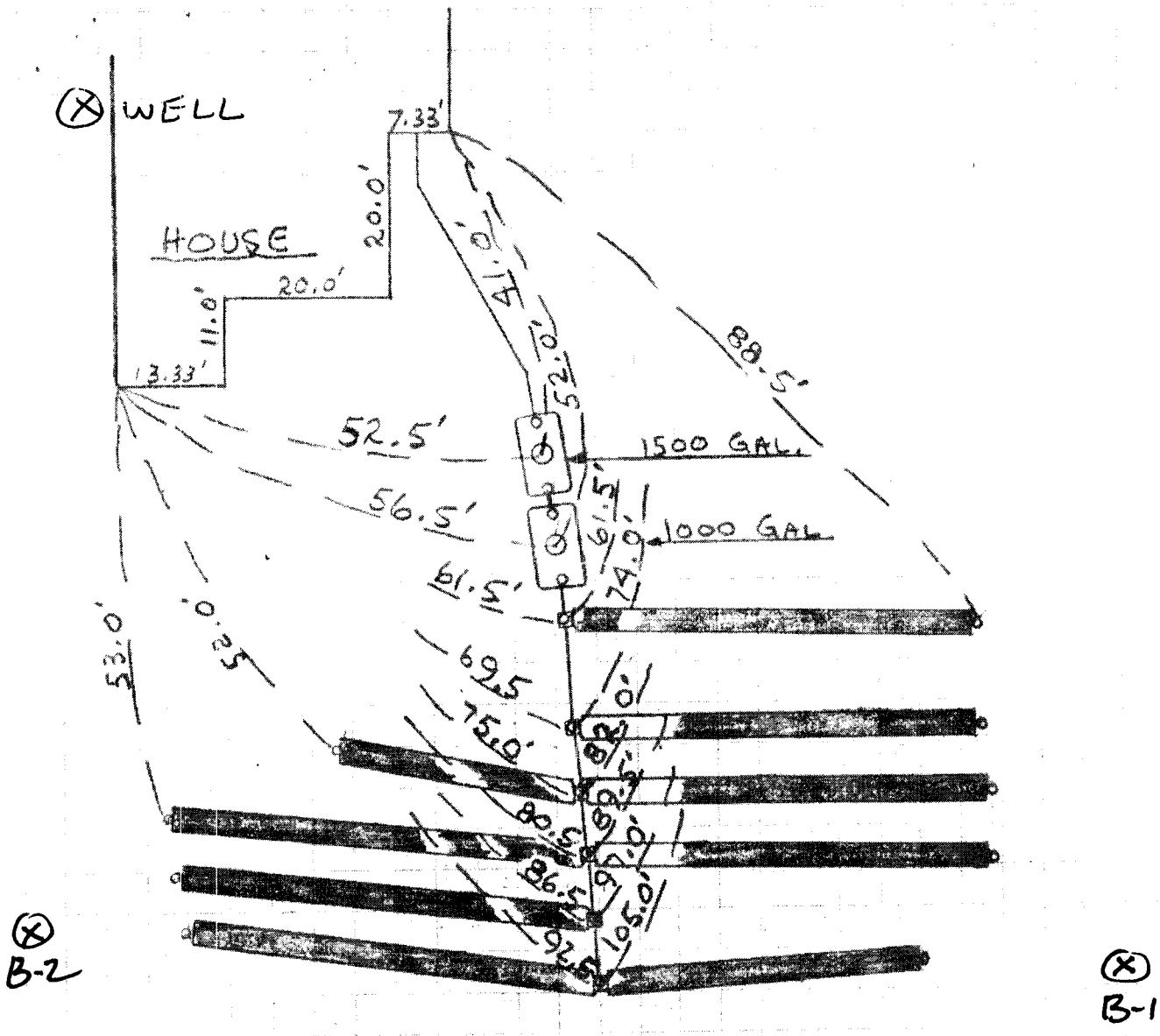
Optional Verification: I hereby certify that this soil observation was verified according to Minn. R. 7082.0500 subp. 3 A. The signature below represents an infield verification of the periodically saturated soil or bedrock at the proposed soil treatment and dispersal site.

 (LGU/Designer/Inspector) (Signature) (Cert #) (Date)

Soil Observation Log

Project ID: _____ v 04.02.2024

Client: Paul Maynard		Location / Address: 13233 Hudson Rd S Afton, MN 55001						
Soil parent material(s): (Check all that apply)		<input type="checkbox"/> Alluvium <input type="checkbox"/> Bedrock <input type="checkbox"/> Organic Matter <input type="checkbox"/> Disturbed/Fill						
Landscape Position:		Slope shape: _____						
Vegetation:		Soil survey map units: _____						
Date/Time of Day/Weather Conditions:		Limiting Layer Elevation: _____						
Observation #/Location: B-2		Observation Type: Auger						
Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	Shape	Consistence
0-10	Medium Loamy Sand	<35	10YR 3/2					
10-36	Medium Sand	<35	10YR 3/4					
36-78	Medium Sand	<35	10YR 4/4					
Comments:								
I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.								
Tom Troojien						1568		5/7/24
(Designer/Inspector)						(License #)		(Date)
Optional Verification: I hereby certify that this soil observation was verified according to Minn. R. 7082.0500 subp. 3 A. The signature below represents an infield verification of the periodically saturated soil or bedrock at the proposed soil treatment and dispersal site.								
_____ (LGU/Designer/Inspector)						_____ (Cert #)		_____ (Date)



← N

AS BUILT

13233 HUDSON BLVD SO
AFTON, MINNESOTA 5500
SCALE 1" = 20.0'

PERMIT # 0195039